

JFW 2862  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

the application of

**John E. Mercer**

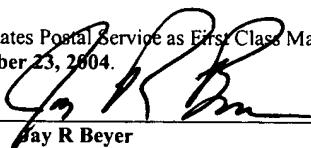
Serial No: **10/615,222**

Filed: **July 7, 2003**

For: **TRACKING THE POSITIONAL RELATIONSHIP  
BETWEEN A BORING TOOL AND ONE OR MORE  
BURIED LINES AND METHOD**

)  
) Examiner: **Darrell C. Kinder**  
)  
) Art Unit: **2862**  
)  
) Attorney Docket: **DCI-8CIP1C2**  
)  
) Date: **September 23, 2004**  
)

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 23, 2004.

Signed: 

**Jay R Beyer**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established  
No additional fee is required.  
 Postcard included

The fee has been calculated as shown below:

(Col. 1)

(Col. 2)

(Col. 3)

SMALL ENTITY

NON- SMALL  
ENTITY

	Claims Remaining		Previously Paid For	Present Extra
Total Claims	* 18	Minus	**20	0
Indep. Claims	* 1	Minus	*** 2	0

Rate	Additional Fee
x 9	\$ 0
x 43	\$ 0
+145	\$
Total	\$ 0

Rate	Additional Fee
x 18	\$
x 86	\$
+290	\$
Total	\$

**First Presentation of Multiple Dependent Claim(s)**

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

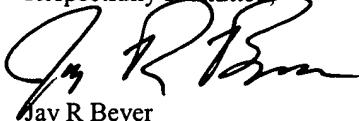
Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to 37 C.F.R. § 1.136(a).

Please charge my Deposit Account No. **19-1685** (Order No. DCI-8CIP1C2) the amount of \$ **55.00** to cover the additional claims fee. A **duplicate copy of this sheet is enclosed**.

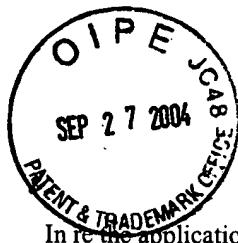
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-1685** (Order No. DCI-8CIP1C2) (a **duplicate copy of this sheet is enclosed**):

Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.  
 Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,



**Jay R Beyer**  
Registration No. 39,907



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**Amendment A**

Dear Sir:

The following amendments and remarks are intended as a full and complete response to the outstanding Office Action dated (mailed) June 23, 2004.